



Rhythm & Spirit Youth Fall Dance Registration Information-Page 1 August 13th to December 14th, 2012

PARTICIPANT'S NAME: (LAST) _____ (FIRST) _____

<u>3 to 5 year olds</u>		Cost Session #1	Cost Session #2	Fall Total
<u>Ballet/Tap Combo</u>		(8 weeks)	(8 weeks)	(8 weeks)
<input type="checkbox"/> Mondays	10:15am to 11:10am	\$70.00	\$70.00	\$140
<input type="checkbox"/> Mondays	11:30am to 12:25pm	\$70.00	\$70.00	\$140
<input type="checkbox"/> Mondays	4:00pm to 4:55pm	\$70.00	\$70.00	\$140
<input type="checkbox"/> Saturdays	10:00am to 10:55am	\$70.00	\$70.00	\$140
<u>Diva Dancers</u>				
<input type="checkbox"/> Wednesdays	10:30am to 11:25am	\$70.00	\$70.00	\$140
<input type="checkbox"/> Wednesdays	11:30am to 12:25pm	\$70.00	\$70.00	\$140
<input type="checkbox"/> Wednesdays	4:00pm to 4:55pm	\$70.00	\$70.00	\$140
<input type="checkbox"/> Saturdays	9:00am to 9:55am	\$70.00	\$70.00	\$140
<u>6 to 8 year olds</u>		Cost Session #1	Cost Session #2	Fall Total
<u>Hip Hop</u>		(8 weeks)	(8 weeks)	(8 weeks)
<input type="checkbox"/> Mondays	5:00pm to 6:00pm	\$ 80.00	\$80.00	\$160
<u>Jazz</u>				
<input type="checkbox"/> Tuesdays	4:00pm to 5:00pm	\$80.00	\$80.00	\$160
<u>Ballet</u>				
<input type="checkbox"/> Thursdays	4:00pm to 5:00pm	\$80.00	\$80.00	\$160
<u>Tap</u>				
<input type="checkbox"/> Thursdays	5:00pm to 5:30pm	\$40.00	\$40.00	\$80
<u>Boys Hip Hop/Breakdance</u>				
<input type="checkbox"/> Saturdays	11:00am to 12:00pm	\$80.00	\$80.00	\$160
<u>9 to 11 year olds</u>		Cost Session #1	Cost Session #2	Fall Total
<u>Hip Hop</u>		(8 weeks)	(8 weeks)	(8 weeks)
<input type="checkbox"/> Mondays	6:00pm to 7:00pm	\$80.00	\$80.00	\$160
<u>Jazz</u>				
<input type="checkbox"/> Tuesdays	5:00pm to 6:00pm	\$80.00	\$80.00	\$160
<u>Ballet</u>				
<input type="checkbox"/> Thursdays	5:30pm to 6:30pm	\$80.00	\$80.00	\$160
<u>Tap</u>				
<input type="checkbox"/> Thursdays	6:30pm to 7:00pm	\$40.00	\$40.00	\$80
<u>Boys Hip Hop/Breakdance</u>				
<input type="checkbox"/> Saturdays	12:00pm to 1:00pm	\$80.00	\$80.00	\$160
<u>12 to 14 year olds</u>		Cost Session #1	Cost Session #2	Fall Total
<u>Hip Hop</u>		(8 weeks)	(8 weeks)	(8 weeks)
<input type="checkbox"/> Mondays	7:00pm to 8:00pm	\$80.00	\$80.00	\$160
<u>Jazz</u>				
<input type="checkbox"/> Tuesdays	6:00pm to 7:00pm	\$80.00	\$80.00	\$160
<u>Ballet</u>				
<input type="checkbox"/> Thursdays	7:00pm to 8:00pm	\$80.00	\$80.00	\$160
<u>Tap</u>				
<input type="checkbox"/> Thursdays	8:00pm to 8:30pm	\$40.00	\$40.00	\$80
<u>15 to 17 year olds</u>		Cost Session #1	Cost Session #2	Fall Total
<u>Hip Hop</u>		(8 weeks)	(8 weeks)	(8 weeks)
<input type="checkbox"/> Mondays	8:00pm to 9:00pm	\$80.00	\$80.00	\$160
<u>Jazz</u>				
<input type="checkbox"/> Tuesdays	7:00pm to 8:00pm	\$80.00	\$80.00	\$160
<u>Ballet</u>				
<input type="checkbox"/> Wednesdays	5:00pm to 6:00	\$80.00	\$80.00	\$160



Rhythm & Spirit Dance Registration Information – Page 2

Participant's Information:

NAME: (LAST) _____ (FIRST) _____

AGE: _____ DATE OF BIRTH: _____

HOME ADDRESS: _____

CITY: _____ ZIP: _____

SCHOOL: _____ GRADE: _____

PRIMARY PARENT/GUARDIAN:

Name: _____

Address: _____

City _____ State _____ Zip _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Email: _____

Employer: _____

Address: _____

City _____ State _____ Zip _____

SECONDARY PARENT/GUARDIAN:

Name: _____

Address: _____

City _____ State _____ Zip _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Email: _____

Employer: _____

Address: _____

City _____ State _____ Zip _____

EMERGENCY CONTACT (*other than a parent*): _____

EMERGENCY CONTACT PHONE #'S: _____

RELATIONSHIP TO PARTICIPANT: _____

PHYSICIAN: _____ PHONE: _____

Rhythm & Spirit Dance Registration Information – Page 3

CHILD'S NAME: _____ AGE: _____

BIRTHDATE: _____ COMPLETED GRADE: _____ PHONE #: _____

Is the participant able to function in a high-paced group setting without individualized attention (approximately 10-15 children to 1 instructor ratio)? YES _____ NO _____

If not, describe any limitations: _____

Is the participant able to understand and comply with the basic behavioral rules and expectations applicable to all participants? YES _____ NO _____

Is the participant able to participate in sports, games and other active recreational activities?

YES _____ NO _____

Please list any limitations: _____

Parent/Guardian:

Signature _____

Date _____

Medical Information:

Please check any that apply and add any comments:

___ Seasonal Allergies ___ Food Allergies ___ Asthma ___ Hearing Impaired ___ Vision Impaired
___ Diabetes ___ Health/Physical Restrictions ___ Down syndrome ___ ADD ___ ADHD ___ Autism
___ Cognitive Disabilities ___ Developmental Disabilities ___ Other (please describe in comment section)

Comments: _____

Does participant have or has had a history of seizures? YES _____ NO _____

If yes, what kind? (Grand Mal, Petit Mal, other and describe behavior after the seizure)

Date of last seizure: _____ Conditions or circumstances that may trigger a seizure: _____

MEDICATIONS:

Please identify type, dosage and time of **all*** medications participant is currently taking:

Name of Medication: _____ Treatment for: _____
Dosage: _____ Time: _____ am / pm

Name of Medication: _____ Treatment for: _____
Dosage: _____ Time: _____ am / pm

Name of Medication: _____ Treatment for: _____
Dosage: _____ Time: _____ am / pm

Name of Medication: _____ Treatment for: _____
Dosage: _____ Time: _____ am / pm

Rhythm & Spirit Dance Registration Information – Page 4

PARTICIPANT'S NAME: (LAST) _____ (FIRST) _____

PARTICIPANT/PARENT/LEGAL GUARDIAN CONSENT AND RELEASE

I give my consent for my child/children (listed above) to participate in the Rhythm & Spirit Dance program and/or other recreational activities sponsored by the Williamson County Parks and Recreation Department (WCPR). I understand that supervising adults conduct all activities and that my child must obey all rules and regulations of the program so that discipline and safety standards as set by WCPR can be maintained.

I understand that no health or accident insurance is provided by the County for my child/children or any other participant and in case of emergency, my child/children may be taken to a physician or hospital at my expense. I authorize WCPR personnel to transport my child/children for treatment in the event of an emergency.

I agree to hold harmless, indemnify and release Williamson County and the Williamson County Parks and Recreation Department, their agents, officers, employees, and volunteers, from and against any and all liability, claims, losses, expenses, judgements, injury or damage I or my child/children may sustain in connection with my child's participation in the Rhythm & Spirit Dance program or other WCPR programs. I understand and agree that neither Williamson County nor Williamson County Parks and Recreation Department shall be responsible for any injury, claim or damage arising out of defective or dangerous premises when my child/children is/are not on property owned or controlled by Williamson County or the Williamson County Parks and Recreation Department and neither shall bear any responsibility for my child/children's safety prior to arrival at the campsite or after departure.

RHYTHM & SPIRIT DANCE PROGRAM'S PAYMENT POLICY

The Rhythm and Spirit Dance program will be divided into Fall and Spring, each having a registration period. During the registration you will be required to commit your child's participation for the full 16 weeks of the Fall or Spring, which are divided into 2 sessions (8 weeks each). At the time of registration you can either choose to pay for the entire Fall or Spring and receive a 5% discount on your total price OR you can choose to pay for each session separately at full price. The money for the second session of Fall will be due on October 1st, 2012 and the money for the second session of Spring will be due on March 4th, 2013. **Children will not be permitted to attend additional classes until payment has been made.**

I agree to be responsible for all fees associated with the program, and understand that should Williamson County bring suit to collect any amounts due, I will be responsible for court costs and attorney's fees related to such action. I understand that if payments are not received for my child's/children's participation in the dance program that penalties may result preventing myself or any member of my family from participating in future activities offered or sponsored by WCPR.

RELEASE FOR PHOTOGRAPHS AND MEDIA:

I give my consent and authorize Williamson County Parks and Recreation Department to exercise the unrestricted right to take, use, reuse, and reproduce pictures of my child/children (listed above) or myself and use such photographs as follows:

1. in any publication (including; but not limited to, newspapers, television and/or radio broadcasts, books, brochures, magazines, displays, Internet broadcasts, and motion pictures) in such manner and at such times and in such places as the Parks and Recreation Department shall determine; and
2. to copyright and use, re-use, publish, and republish photographic portraits or pictures of me or my minor child, named herein, or in which I or my minor child may be included intact or in part, or reproduction hereof in color or otherwise, made through any and all media now or hereafter known for illustration, art, promotion, advertising, trade, or any other purpose whatsoever.

By signing this document, the above named and the undersigned relinquish any right that they may have to examine or approve the completed product or products or the advertising copy or printed matter that may be used in conjunction therewith or the use to which it may be applied at the complete discretion of the Parks and Recreation Department.

By signing this document, the undersigned releases, discharges and agrees to save harmless the Parks and Recreation Department and Williamson County, its employees, officers, volunteers, or assigns, and all persons functioning under their permission or authority, from any claims for libel or invasion of privacy from the use of any material as specified herein.

This authorization and release shall inure to the benefit of the legal representatives, licensees and assigns of the Parks and Recreation Department as well as the person(s) for whom he/she took the photographs.

I have read the foregoing and fully understand the contents hereof. I represent that I am the [parent/ guardian] of the above named minor(s). For value received through participation in programs or events, I hereby consent to the foregoing on his/her/their behalf.

Parent/Guardian:

Signature

Date

Print Name

Primary Contact Phone Number

